2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 06, 2000 8:00 am Secretary of State DOCUMENT # **N97000005883** POWER YOUTH EVANGELISM, INC. 06-06-2000 90479 003 ****61.25 Mailing Address Principal Place of Business 1376 OSPREY COURT 1376 OSPREY COURT HOMESTEAD FL 33035-1052 HOMESTEAD FL 33035-1052 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0789344 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RODRIGUEZ, ANGEL 1376 OSPREY COURT HOMESTEAD FL 33035-1052 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change ☐ Addition ☐ Delete TITLE PTD TITLE NAME NAME RODRIGUEZ, ANGEL STREET ADDRESS STREET ADDRESS 1376 OSPREY COURT CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33035-1052 Change ☐ Addition TITI F VD. ☐ Defete TITLE NAME NAME RODRIGUEZ, GINMARI STREET ADDRESS STREET ADDRESS 1376 OSPREY COURT CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD FL 33035-1052 ☐ Addition Delete Change TITLE TITLE NAME RODRIGUEZ, ADIS M STREET ADDRESS STREET ADDRESS 2000 SW 139 AVE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

RODLIGHEZ, PRESIDENT

305-242-1466

Daytime Phone #